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|  |  |                          |                    |
|--|--|--------------------------|--------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b><br><small>Effective 10/01/2003, Patent fees are subject to annual revision.</small> |  | <b>Compleat if Known</b> |                    |
|  |  | Application Number       | 09/466568          |
|  |  | Filing Date              | December 17, 1999  |
|  |  | First Named Inventor     | Gerald R. Crabtree |
|  |  | Examiner Name            | T. McKelvey        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Art Unit                 | 1636               |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |  | Attorney Docket No.      | APBI-P16-316       |
| (\$)   |  | 1,390.00                 |                    |

| <b>METHOD OF PAYMENT (check all that apply)</b>  |                       | <b>FEE CALCULATION (continued)</b> |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
|--|-----------------------|------------------------------------|-----------------------|--|-----------------------|-----------------|----------|------|-----|------|-----|------------------------|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|-----|------|-----|--|--|------|-----|------|----|--|--|---------------------|--|--|--|--|-----------|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |                       | <b>3. ADDITIONAL FEES</b>          |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 18-1945<br>Deposit Account Name: Ropes & Gray LLP  |                       |                                    |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| The Director is authorized to: (check all that apply)  |                       |                                    |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments   |                       |                                    |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)   |                       |                                    |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |                       |                                    |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| <b>FEE CALCULATION</b>   |                       |                                    |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| <b>1. BASIC FILING FEE</b>   |                       |                                    |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td>(\$) 0.00</td></tr></tbody></table>   |                       | Large Entity Fee Code              | Large Entity Fee (\$) | Small Entity Fee Code                                      | Small Entity Fee (\$) | Fee Description | Fee Paid | 1001 | 770 | 2001 | 385 | Utility filing fee     |  | 1002 | 340 | 2002 | 170 | Design filing fee                 |  | 1003 | 530 | 2003 | 265 | Plant filing fee                      |  | 1004 | 770 | 2004 | 385 | Reissue filing fee                                 |  | 1005 | 160 | 2005 | 80 | Provisional filing fee                                     |  | <b>SUBTOTAL (1)</b> |  |  |  |  | (\$) 0.00 |  |  |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code              | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| 1001   | 770                   | 2001                               | 385                   | Utility filing fee   |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| 1002   | 340                   | 2002                               | 170                   | Design filing fee  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| 1003   | 530                   | 2003                               | 265                   | Plant filing fee   |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| 1004   | 770                   | 2004                               | 385                   | Reissue filing fee   |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| 1005   | 160                   | 2005                               | 80                    | Provisional filing fee                                     |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| <b>SUBTOTAL (1)</b>  |                       |                                    |                       |  | (\$) 0.00             |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>   |                       |                                    |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td>(\$) 0.00</td></tr></tbody></table> |                       | Large Entity Fee Code              | Large Entity Fee (\$) | Small Entity Fee Code                                      | Small Entity Fee (\$) | Fee Description | Fee Paid | 1202 | 18  | 2202 | 9   | Claims in excess of 20 |  | 1201 | 86  | 2201 | 43  | Independent claims in excess of 3 |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  | 1204 | 86  | 2204 | 43  | ** Reissue independent claims over original patent |  | 1205 | 18  | 2205 | 9  | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | (\$) 0.00 |  |  |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code              | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| 1202   | 18                    | 2202                               | 9                     | Claims in excess of 20                                     |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| 1201   | 86                    | 2201                               | 43                    | Independent claims in excess of 3                          |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| 1203   | 290                   | 2203                               | 145                   | Multiple dependent claim, if not paid                      |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| 1204   | 86                    | 2204                               | 43                    | ** Reissue independent claims over original patent         |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| 1205   | 18                    | 2205                               | 9                     | ** Reissue claims in excess of 20 and over original patent |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| <b>SUBTOTAL (2)</b>  |                       |                                    |                       |  | (\$) 0.00             |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| Total Claims <input type="text"/> ** = <input type="text"/> x <input type="text"/> = <input type="text"/>  |                       |                                    |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| Independent Claims <input type="text"/> ** = <input type="text"/> x <input type="text"/> = <input type="text"/>  |                       |                                    |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| Multiple Dependent <input type="text"/> = <input type="text"/>   |                       |                                    |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |
| *Reduced by Basic Filing Fee Paid  |                       | <b>SUBTOTAL (3)</b> (\$) 1,390.00  |                       |  |                       |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |                     |  |  |  |  |           |  |  |

|                     |                         |                                   |                   |
|---------------------|-------------------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                         | <b>(Complete (if applicable))</b> |                   |
| Name (Print/Type)   | Melissa S. Rones, Ph.D. | Registration No. (Attorney/Agent) | 54,408            |
| Signature           |                         | Telephone                         | (617) 951-7653    |
|                     |                         | Date                              | November 25, 2003 |

|  |                              |
|--|------------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |                              |
| Dated: 11/25/03  | Signature:  (Ginny Blundell) |